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PTO/SB/05 (05-03)

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UTILITY PATENT APPLICATION TRANSMITTAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Attorney Docket No.</td> <td>5077-000069/DVA</td> </tr> <tr> <td>First Inventor</td> <td>Kenya Uomori et al.</td> </tr> <tr> <td>Title</td> <td>RANGE FINDER, THREE-DIMENSIONAL MEASURING METHOD AND LIGHT SOURCE APPARATUS</td> </tr> <tr> <td>Express Mail Label No.</td> <td>EV 092 041 627 US</td> </tr> </table>	Attorney Docket No.	5077-000069/DVA	First Inventor	Kenya Uomori et al.	Title	RANGE FINDER, THREE-DIMENSIONAL MEASURING METHOD AND LIGHT SOURCE APPARATUS	Express Mail Label No.	EV 092 041 627 US
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(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

<p style="text-align: center;">APPLICATION ELEMENTS</p> <p style="font-size: x-small;">See MPEP chapter 600 concerning utility patent application contents.</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 51] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention <input checked="" type="checkbox"/> Specification filed in English - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> [Total Sheets 20] 5. Oath or Declaration [Total Pages 3] <ol style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 	<p style="text-align: center;">ADDRESS TO:</p> <p style="font-size: x-small;">Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <ol style="list-style-type: none"> 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ol style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <p style="text-align: center;">ACCOMPANYING APPLICATIONS PARTS</p> <ol style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: <u>Reference to Recorded Assignment; and Copy of Previously recorded Assignment</u>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation
 ☒ Divisional
 ☐ Continuation-in-part (CIP)
 of prior application No: 09 / 977.613
 Prior application information:
 Examiner Brian K. Andrea
 Group / Art Unit: 3662

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 27572 <i>(Insert Customer No. or Attach bar code label here)</i>		or <input type="checkbox"/> Correspondence address below	
Name	Harness, Dickey & Pierce, P.L.C. Gregory A. Stobbs				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270
Name (Print/Type)	David A. McClaughey		Registration No. (Attorney/Agent)		37,885
Signature			Date	July 10, 2003	

15535 U.S. PTO
10/617198

07/10/03

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>	<p style="text-align: center; font-weight: bold; font-size: small;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Kenya Uomori et al.</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Group / Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>5077-000069/DVA</td></tr> </table>	Application Number		Filing Date		First Named Inventor	Kenya Uomori et al.	Examiner Name		Group / Art Unit		Attorney Docket No.	5077-000069/DVA
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METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																						
<p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input type="checkbox"/> Deposit Account:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Deposit Account Number</td> <td style="border: 1px solid black; padding: 2px;">08-0750</td> </tr> <tr> <td>Deposit Account Name</td> <td style="border: 1px solid black; padding: 2px;">Harness, Dickey & Pierce, P.L.C.</td> </tr> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>	Deposit Account Number	08-0750	Deposit Account Name	Harness, Dickey & Pierce, P.L.C.	<h4 style="margin: 0;">3. ADDITIONAL FEES</h4> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; font-size: x-small;">Large Entity</th> <th colspan="2" style="text-align: left; font-size: x-small;">Small Entity</th> <th rowspan="2" style="text-align: left; font-size: small;">Fee Description</th> <th rowspan="2" style="text-align: center; font-size: x-small;">Fee Paid</th> </tr> <tr> <th style="font-size: x-small;">Fee Code</th> <th style="font-size: x-small;">Fee (\$)</th> <th style="font-size: x-small;">Fee Code</th> <th style="font-size: x-small;">Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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EXTRA CLAIM FEES</h5> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 10%; border: 1px solid black; text-align: center;">2</td> <td style="width: 10%;">-20 **</td> <td style="width: 10%; border: 1px solid black; text-align: center;">0</td> <td style="width: 10%;">X</td> <td style="width: 10%; border: 1px solid black; text-align: center;">18</td> <td style="width: 10%;">=</td> <td style="width: 10%; border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">-3 **</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">X</td> <td style="border: 1px solid black; text-align: center;">84</td> <td style="border: 1px solid black; text-align: center;">=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;">X</td> <td style="border: 1px solid black; text-align: center;"></td> <td style="border: 1px solid black; text-align: center;">=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; font-size: x-small;">Large Entity</th> <th colspan="2" style="text-align: left; font-size: x-small;">Small Entity</th> <th rowspan="2" style="text-align: left; font-size: small;">Fee Description</th> <th rowspan="2" style="text-align: center; font-size: x-small;">Fee Paid</th> </tr> <tr> <th style="font-size: x-small;">Fee Code</th> <th style="font-size: x-small;">Fee (\$)</th> <th style="font-size: x-small;">Fee Code</th> <th style="font-size: x-small;">Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$) 0</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see above</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	750	2001	375	Utility filing fee	750	1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$) 750	Total Claims	2	-20 **	0	X	18	=	0	Independent Claims	2	-3 **	0	X	84	=	0	Multiple Dependent				X		=	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$) 0																																																																			
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	David A. McClaughry	Registration No. Attorney/Agent	37,885	Telephone	(248) 641-1600
Signature				Date	July 10, 2003

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